

**NATIONAL
HEALTH/EDUCATION
CONSORTIUM**

March 16, 1994

**National Health/Education Consortium
Quarterly Meeting**

Washington, DC

The Institute for Educational Leadership

1001 Connecticut Ave., NW • Suite 310 • Washington, DC 20036 • (202)822-8405

**PHOTOCOPY
PRESERVATION**

The Honorable Lawton Chiles
Governor
The State of Florida
Co-Chairman

NATIONAL
HEALTH/EDUCATION
CONSORTIUM

William S. Woodside
Chairman
Sky Chefs, Inc.
Co-Chairman

April 7, 1994

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Dear Friend,

We regret that you were unable to join us at the National Health/Education Consortium's (NHEC) Winter Membership Meeting. An interesting group of speakers presented relevant and substantive information to our membership's representatives from both the health and education sectors.

Enclosed is the meeting packet and the meeting minutes and follow-up materials, along with a copy of the following:

- the most recent report from the NHEC-sponsored state level health/education collaborative in New Mexico
- NHEC's special report Texas' Youth, Texas' Future, a study, written for NHEC by the Institute for Educational Leadership's Center for Demographic Policy, identifying the demographic trends of Texas' children at health and educational risk.
- the most recent issue of "NHEC News"

We appreciate your input and commitment to NHEC and hope that you are able to attend our next membership meeting in the fall. If you have questions or additional input, please feel free to call either of our Co-Coordinators, Silvia Holschneider or Chris Shearer, at (202) 822-8405.

Sincerely,



Rae K. Grad
Co-Director



Michael D. Usdan
Co-Director

enclosures

The Honorable Lawton Chiles
Governor
The State of Florida
Co-Chairman

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HEALTH/EDUCATION
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William S. Woodside
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MEMORANDUM

TO: NHEC Members, Friends & Funders

FROM: Rae K. Grad
Michael D. Usdan

RE: Minutes of the NHEC Winter Membership Meeting
"Where We Have Been, Where We Are, Where We Are Going"

DATE: April 6, 1994

Please find attached the minutes of the March 16, 1994 Winter Membership Meeting of the National Health/Education Consortium. Below is a brief one page summary of the meeting; we encourage you to read the full minutes to get a better understanding of the informative presentations and membership discussion.

The membership of the National Health/Education Consortium (NHEC) met to celebrate the Consortium's fourth year of operation and to explore the theme, "Where We Have Been, Where We Are, Where We Are Going." The meeting, hosted by the Council of Chief State School Officers at the National Guard Memorial's Hall of States, focused on past, present and future health/education collaboration at the federal, national and state levels and featured presentations by:

- Thomas Payzant (Assistant Secretary for Elementary and Secondary Education), see pages 1 - 4
- Stanley Collender (Director of Price Waterhouse's Federal Budget Policy department), see pages 4 - 6
- Charles Mahan (Florida's Chief Health Officer), see pages 6 - 8

Members also spent time discussing future directions for NHEC's work, suggesting new areas of interest, new publication topics and stressing the importance of state- and local-level activities.

As NHEC celebrated its "fourth anniversary," the staff were delighted to welcome the newest Consortium member, the American Psychological Association, represented by Ronda Talley (Director of Policy and Advocacy in Schools) and Rick Short (Assistant Executive Director for Education).

**Minutes of the
National Health/Education Consortium
Winter Membership Meeting
March 16, 1994**

"Where We Have Been, Where We Are, Where We Are Going"

Overview

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Where We Have Been, Where We Are Going -- Some Thoughts on Health Education Collaboration, Dr. Thomas Payzant, Assistant Secretary for Elementary and Secondary Education, United States Department of Education

Following an introduction by Mike Usdan (Co-Director of NHEC), Cindy Brown (Director of the Council of Chief State School Officers' Center on Educational Equity) welcomed Dr. Payzant to the meeting on behalf of the Chiefs and the NHEC membership and spoke about the Assistant Secretary's commitment to cross-disciplinary activities and his long experience with the educational needs of children and the systems that serve them.

Dr. Payzant congratulated the National Health/Education Consortium on four years of collaborative effort and noted that while the members have done good work so far, there is much left to do. He noted that the connection between children's health and educational status is eminently logical, and that it is a shame that the United States is the only major industrialized nation without a clearly articulated policy on children beginning with prenatal

care through the first five years of a child's life. Despite this major oversight, we do know just what children need to be healthy and well educated; there is good research supporting the connection between health and education.

The Assistant Secretary believes that progress is too-often hard to make because health/education issues get mixed in with social agenda issues. Social agenda issues are volatile and emotional, and are especially confusing when tied to essential institutions like public schools. He noted, for instance, that even with an issue as clear cut as immunization, it is difficult to persuade some school leaders that on-site services are vital to the school's central mission. Dr. Payzant noted that his experiences as a Superintendent have made him sensitive to the difficulties of collaboration at the local level. He added that even where successful cross-disciplinary action is taking place, ongoing discussions are essential to continued cooperation.

Making progress on children's health has always been difficult -- not just recently. Dr. Payzant recalled for example that he faced real battles while a Superintendent in Oregon over the issue of fluoridation, something most professionals now take for granted.

If anything, however, the issues we face today are even more controversial. AIDs education and the treatment of students infected with HIV posed numerous and highly visible challenges to the San Diego school system when Dr. Payzant was Superintendent there. He told the story of making the argument at a school board meeting that students with HIV or AIDs should be dealt with on a case-by-case basis and, the next day, traveling to Washington, DC where he was unexpectedly met in the airport by television media wanting his comments on the meeting. Shortly thereafter, his recommendation was rejected by the board. However, the next year the board agreed to the case-by-case approach. This experience has led him to encourage patience and persistence in advocating for children's health/education concerns.

Dr. Payzant spotlighted the fact that a critical problem facing health/education promoters is the "crowded curriculum" issue. School personnel already must meet many and varied curricular requirements. Attempting to determine where health and health education fit into the school day is a difficult task. Taught as a survey curriculum, health is often uninteresting to students and frustrating to teachers who lack health competency. Taught on a project-by-project basis, health can become too fragmented and children do not perceive the health/education connection. In either case, health often takes a back seat in the school environment. As always, mental health issues in particular are vital but poorly understood and often least funded.

Dr. Payzant, then outlined the legislation concerned with interdisciplinary health/education initiatives:

Goals 200: Educate America Act -- Goal 1 ("By the Year 2000, All Children in America Will Start School Ready To Learn") relies on the health/education link.

Goal 6 ("By the Year 2000, Every School in America Will Be Free of Drugs and Violence and Will Offer a Disciplined Environment Conducive to Learning") focuses on healthy behavior and environments.

Head Start Reauthorization -- Planning for reauthorization has fostered good collaboration between the Departments of Education and Health and Human Services already. Head Start providers have taken the "whole child" concept more seriously than schools and have a lot to teach educators; by the same token, educators have good lessons for the Head Start program.

Health Security Act -- The President's health care reform bill would make monies available to the states to support comprehensive school health education (\$50 million per year from 1995-2000) and school-related health services (\$100 million for 1996, increasing to \$400 million per year by 1999).

Elementary and Secondary Education Act Reauthorization, Administration Proposals -- Any elementary school serving a student body at least 50 percent in poverty must provide 2 health screenings during the elementary school years; and Chapter 1 monies may be used as last dollars to support the screenings. In addition, Chapter 1 monies may be used for support of developing linkages and standards for school collaboration with health care, social services and other community-based organizations serving children, youth and families. Lastly, Safe & Drug-Free Schools monies will be available for a broader scope of action.

Following comments on his past experiences with health/education collaboration and the challenges we have faced, and on the current legislative opportunities to support cross-sector initiatives, Dr. Payzant turned to a discussion of the future for interdisciplinary action. He stressed the fact that collaboration takes a long time to plan for, establish and nurture. To ensure real success at the state and local level, federal departments and personnel must "model" cross-sector behavior. He noted that the Clinton Administration is pursuing interdisciplinary action as well as any administration ever has, and that the success to date only highlights the need to continue this work. For his part, Dr. Payzant serves on interdisciplinary committees at the federal level and speaks regularly with other departments about opportunities for cooperation. In fact, Secretary Riley (Education) and Secretary Reich (Labor) are jointly administering the new School to Work Opportunity Act.

Dr. Payzant closed his presentation by exhorting the Consortium to remember that progress cannot be made at any level unless we all take cross-sector collaboration seriously. There has never been a time of greater need for cooperation, and each professional, association and agency can do the following 7 things to help ensure improvement in the services children require:

Dr. Payzant's Seven Hints for Collaboration

- Push for collaboration at all levels within your sphere of influence.
- Put your agenda on the table -- there are big gaps in understanding and language that cause confusion among professions. Straightforwardness will facilitate discussion and reduce skepticism.
- Share research and development activities.
- Push for supportive policymaking and stick with it until you see funding follow-through.
- Make the argument for prevention -- provide visible support for President Clinton's commitment to preventive, front-end spending.
- Strive to take a comprehensive, strategic approach to all you do -- avoid piecemeal approaches; and align all aspect of education reform (planning, implementation, administration, evaluation).
- Bring all the special interests together for concerted action.

Following his presentation, Dr. Payzant answered questions from the membership on the role of the U.S. Departments of Justice and of Housing and Urban Development in reform initiatives; the potential of linked legislation that enforces collaboration; the importance of bilingual initiatives and language sensitivity; the feasibility of testing the efficacy of collaborative efforts; and the needs facing many communities that lack even a basic services infrastructure to support educational goals.

Where We Are -- The Federal Budget and Its Implications for the Health/Education Connection, Stanley Collender, Director, Federal Budget Policy, Price Waterhouse

Mike Usdan introduced Mr. Collender, stressing his unique experience with federal budget issues and long-standing interest in making the federal budget environment easier to understand for those directly or indirectly affected by the decisions made at the federal level. He noted that Mr. Collender is one of a limited number of people who has worked on both the House and Senate Budget Committees and that he currently edits *Federal Budget Report*, the only newsletter devoted solely to the federal budget and the Congressional budget process.

Mr. Collender opened his remarks with an amusing anecdote about how a brief remark on the Bush budget once embroiled him in a day-long push-me pull-you series of kudos and lambastes on the House floor -- complete with print and television exposure -- that culminated in a personal invitation to have coffee and talk about the budget with Senator Dole. The experience, he noted, was as grandiose and bewildering as the budget itself.

Segueing from this story to the current budget environment facing health and education advocates and practitioners, Mr. Collender emphasized that -- grandiose and beguiling as it may be -- the federal budget has a very real impact on programs and personnel.

Associations and their constituents should pay close attention both to individual program funding decisions and their implications for other programs.

Below is a summary of Mr. Collender's main points:

- The fact that education is recommended for an increase in support -- and that health issues and collaboration are enjoying positive exposure -- means that they may also be targeted by those who are not doing as well budget-wise.
- The current "zero sum" budget (competition among all programs for a fixed pool of resources) means that there is always a chance that your program will get cut if another program gets an increase in support.
- The good news is that the deficit is changing for the better. President Clinton's baseline outlook predicts a smaller deficit than President Bush's baseline outlook. In fact, non-governmental, non-partisan analysts are even more optimistic than the Clinton Administration about the improvement in the deficit over the next several years. However, one must remember that perception of the budget is determined by what question is asked. There has been improvement, but -- after all -- we are still deeply in debt.
- One important trend in budget planning is the notion of "Appropriation Caps" -- the feds have eliminated specific budgeting categories (for instance, domestic, international, defense) and moved to creation of a general pool of un-categorized funds. With this strategy has come a legislatively planned budget decrease between 1994 - 1995, a modest planned increase between 1995 - 1996, and a planned spending freeze between 1996 - 1997. These relatively static budget caps will hold true even if inflation occurs; and they translate into a highly competitive zero sum budget environment for the next several years.
- In short, the bottom line for health and education professionals is that there is going to be greater competition across all disciplines for fewer dollars.
- Pay special attention to debates on spending cuts -- even if they are in other programs (like defense or transportation). If Congress rejects spending cuts in a given program

you must ask yourself "where is the money for the saved program coming from" -- because the money has to come from another program area in a no-new-money environment. Because education has received recommendations for *additional* dollars, education program expansion is a likely target for those who face spending cuts.

- Over the next year or so there are a number of "Things To Look For" in budget deliberations:

Stan Collender's Budget Watch

- Will Congress raise taxes or not?
- Will there be cuts in entitlement programs?
- Is Congress pressuring for further deficit reduction?
- Is Congress setting up "user fees?"
- Do you see the institution of "obligation delays?" -- This is perhaps the most salient concern for practitioners and advocates. *Obligation delays* are critical elements of conditional appropriations that allocate money for programs but obligate states to hold off on committing the money to contractors until all other funds are exhausted. In essence, this strategy gives Congress the appearance of being responsive to the health and education communities while in fact putting such restraints on new funds that they cannot be tapped until the next fiscal year. In this fashion, obligation delays set up a cycle of delayed support instead of real increases. The take-home message is: Watch the wording!

Where We Are -- A State Policymaker's Perspective, Dr. Charles Mahan, State Health Officer for Florida

Rae Grad (Co-Director of NHEC) introduced Dr. Mahan, highlighting his experience with state-level activity and reform in Florida. As a chief state health officer and the President of the Association of State and Territorial Health Officials, Dr. Mahan is uniquely positioned to comment on the challenges states face and what national associations can do to become more involved in providing solutions.

Dr. Mahan highlighted Washington state's outstanding efforts to preserve school health education in today's difficult budget environment. Washington state is a front runner in ensuring access to these services. In light of the current national health care reform debate,

we must all strive to make sure that environmental health and school health services are preserved in every state.

He noted that providing health services to adolescents is often very difficult because of the hypocritical approach Americans take to this issue: Parents and social leaders don't want adolescents to have babies, but don't take the steps necessary to teach them how to prevent adolescent childbirth. Such conflicting attitudes have real repercussions in the society youth live in today. For instance, in this country, individuals are engaging in sexual intercourse at younger and younger ages; they are drinking alcohol at younger and younger ages; they are starting to smoke at younger and younger ages.

Dr. Mahan stressed that our understanding of youth risk behaviors is well-documented. In Florida, entering 9th graders were asked whether they had engaged in sex before the age of 12; an identical survey was put to entering 12th graders. Survey results showed that the younger students are twice as sexually active as 12th graders were when they were their age.

Florida youth were asked the same question regarding smoking. 12% of 9th graders said they had smoked by age 12, but only 8% of 12th graders said they had smoked by the time they were 12. Unfortunately, similar statistical trends were seen for youth drinking as well.

To prevent such behavior most effectively, Florida's Department of Education and Department of Health have had a strong interagency agreement since 1988. Areas of cooperation involve teen pregnancy, HIV/AIDS education and sex education. To support school-linked activity the state funds both basic and supplemental school health initiatives. Both the County Board of Education and the County Board of Health are involved in school health. Dr. Mahan reported that approximately \$10 million has been given to supplemental school health -- and that the figure needs to be \$100 million -- and that counties apply for the money on a competitive basis.

Addressing the issue of citizen support for school-based or school-linked services, Dr. Mahan cited a 1993 survey of North Carolina voters. The survey indicates a perhaps surprising level of support for school health activity:

- 90% of respondents said that sex education is OK in schools
- 85% of respondents said that providing contraceptive education is OK in schools
- 73% of respondents said that health services are OK in schools
- 55% of respondents said that providing contraceptive services is OK in schools

These and other results spotlight the fact that it's a vocal minority that causes headaches for those advocating health/education collaboration and those who approve of bridging the gap. Dr. Mahan pointed out that it has proven helpful when providing health services in schools to avoid calling them school-based clinics, but instead to call them school-based health *services*.

Dr. Mahan indicated that Florida has been a good model for collaborative activity between the health and education sectors. Florida has experienced good cooperation between the schools, the health department and the Kiwanis club to make sure that all kids get immunizations. This success provides an exciting model of public/private cooperation.

The AIDS issue has helped fuel efforts to get health services and curricula into schools. The estimated prevalence of HIV among adults in Florida is 1 in 100. HIV is the second cause of death of black women between the ages of 15-44. Florida is second only to New York in its incidence rate of AIDS cases in children. Partly as a result of this tragedy, Florida has made rapid progress in school-based health and in health reform in general. In fact; Florida's health security plan is ahead of President Clinton's schedule.

In closing, Dr. Mahan expressed his concern that health reform proponents take care to protect successful programs for children. He noted that it would be a great loss if such programs disappeared because too much money was spent on buying health care cards -- if the administrative systems designed to assure access prohibited the continuance of the programs we seek increased access to. He also noted that, on the national level, he and the Association of State and Territorial Health Officials are working in conjunction with the Association of Maternal and Child Health Programs on school health services.

Where We Are Going -- A Membership Planning Discussion

After hearing from the three speakers, the NHEC membership engaged in a discussion of which of the National Health/Education Consortium's activities have been the most successful in meeting the needs of the members, what needs remain to be met and what NHEC should plan to do over the course of the next few years.

To kick off the discussion, Karla Shepard Rubinger (The Conservation Company) provided an update on the Consortium's Elementary School-Based Health Initiative (ESBHI), a national demonstration project designed to develop 50 elementary school-based health centers in five sites, and to network existing centers to help foster the eSBC movement at the national, state and local levels. She addressed the following topics:

- The initiative has chosen the five sites for implementation (Philadelphia, Kansas City, Detroit, Connecticut, and possibly Denver). The ESBHI will support the development and operation of ten eSBCs in each site.
- The health centers will be funded for two years to document the need for their services and their effectiveness.
- Sites will open in either in the fall of 1994 or the spring of 1995.

She responded to the question, "Why are there no rural sites," by noting that the management and design team was not originally sure that the ESBHI model was most appropriate for rural areas. However, NHEC and The Conservation Company feel confident

now that the model is a helpful one for rural and urban areas alike and any second generation of health centers would include rural areas, in addition to recognizing the health needs of Native Americans.

Following The Conservation Company's project update, Rae Grad took up the topic of the need to filter NHEC's message down to the state and local level. She mentioned that NHEC activities consist of publications, membership meetings and field activities. The materials cut across the education and health fields. She stressed that member and friend feedback is vital; this is your Consortium!

Michael Usdan noted that, with the change of Administration and the increased activity of other organizations in the arena of collaboration, NHEC is no longer one of a very few groups interested in the health/education connection. We face a landscape quite different from the one we faced at our inception four years ago. However, while NHEC is not alone in its work, it remains a unique consortium. NHEC has an extremely diverse membership, representing vital associations working in both fields. What then is the unique role of NHEC in today's climate?

Rae Grad also explained what has happened to the National Commission to Prevent Infant Mortality (NCPIM), NHEC's co-founder and joint parent organization. After Congress declined to reappropriate funds for NCPIM, the National Health/Education Consortium consolidated its offices at the Institute for Educational Leadership. To preserve the integrity of the Consortium's structure, NHEC Co-Chairman Governor Lawton Chiles has joined IEL's Board. In addition, Rae noted that she remains on staff as co-director of NHEC and that the work of the Consortium is unaffected by the transition.

In response to a call for comments, the NHEC member representatives made the following points:

NHEC must recognize and work for diversity in both its membership and activities.

The health and education sectors both have their own "check list" of concerns and issues; these lists should be combined to work for and gauge legislation from this joint point of view.

Rae Grad mentioned that NHEC has considered making national legislation a grater priority. Suggestions for appropriate and helpful NHEC legislation-centered work is welcome.

The American Academy of Pediatrics has convened a working group of health and education representatives to catalyze consensus on 31 legislative principles for health and education integration. The principals will be implemented at the state and local levels, but federal legislation enables that work to proceed. Success will require local buy-in. Also individual sectors must not lose their own perspectives.

Our programmatic focus should be on children and encouraging local design but most work requires federal money. NHEC can work to help ensure that locals have the knowledge they need, and flexibility and freedom regarding how the money is used.

Role of school nurse needs to be acknowledged and promoted in our future work. On another note, the emergent Maryland Health/Education Consortium has provided helpful technical assistance to practitioners working at the state level. NHEC should look into further state-level activity. Is funding an issue in expanding state-level work? [Yes; NHEC staff tentatively plan to return proposals to our corporate funders to continue state field activities].

The "Youth Risk Behavior Survey" is useful and has been successful in a number of states. But, the survey should address additional, less emphasized issues, such as teen suicide. Who works on this issue; who designs the surveys?

Additionally, Youth Risk Behavior Survey results are not available on national level -- and the survey is rejected by many states. NHEC should work to compile and analyze the results for a national audience and work to promote its use everywhere.

Health must be discussed in broadest terms, not just in reference to physical illness. Mental health is vital aspect of health. Social services must be included in health/education integration. [Rae Grad responded that NHEC recognizes this point; for example, NHEC has produced the publication, *Children's Mental Health and Their Ability to Learn*].

What are the ways to hook into local groups? The Consortium should tap into groups such as the Kiwanis to reach communities and their decision makers. [Michael Usdan responded that NHEC's first round of funding supported local-level work, which is labor intensive. Now, NHEC staff are depending on member organizations to help spread the word. To further the Consortium's state level impact, NHEC encourages co-sponsored publications, which have proven successful in the past. Staff are planning to engage in one-on-one work with members to generate ideas for reaching the local level. These meetings/discussions will begin in the spring.]

Members need to invite their experts to the table and include them in these discussions to provide the membership with local viewpoints on health/education collaboration.

Community based organizations have great use for the publications. They are relevant and of high quality. Every effort should be made to provide materials directly to communities and to disseminate them at member association conferences.

What happens in schools must be driven by the needs of children -- this is not always the case. NHEC can participate in the National Elementary School Center's "Framework of Children's Needs," an initiative to ask children, teachers and parents to help define the real needs of children to assess and organize future steps.

What energy could NHEC bring to health care reform with the blended health/education message to ensure that legislation is not simply limited to insurance reform. We should use the power of NHEC's membership during this window of opportunity. [Rae Grad pointed out that NHEC could certainly begin by providing language clarification across the education and health sectors].

With the closing of the National Commission to Prevent Infant Mortality, NHEC may give the appearance of emphasizing education. Staff must ensure that health not lose out in this collaborative effort, and that there be no appearance that health is not a full partner. [Mike Usdan assured the membership that the Consortium staff remains committed equally to health and education competency, that Rae Grad's health expertise ensures our ongoing commitment to health and that the membership is a balanced one. In addition, Co-Chairman Lawton Chiles is an outspoken health advocate. Perhaps, at a later date, NHEC might consider formalizing a relationship with a health organization "parent." For now, the closing of NCPIM does not appear to have compromised the work of the Consortium.]

NHEC must involve the consumer/client viewpoint.

NHEC materials for parents should provide comprehensive coverage of health/education issues effecting their children. [Rae Grad pointed out the *Help Me Learn, Help Me Grow* campaign.]

Parents are key to ensuring health/education progress and implementation and to connecting families with schools.

NHEC should take the next step to approach the education and health needs *and strengths* of whole communities. Community is stronger than individuals or single agencies. NHEC must work to involve other community members, such as churches, and should look at existing community models, gathering and disseminating information on the health/education connection.

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**National Health/Education Consortium
 Winter Membership Meeting -- March 16, 1994**

Attendees

<u>MEMBER</u>	<u>Representative</u>	<u>MEMBER</u>	<u>Representative</u>
AAP	Damian Thorman	NASW	Isadora Hare
AACTE	Nina Corin	NAWD	Douglas Greenaway
ACNM	Karen Fennell	NCEA	Starla Jewell-Kelly
ADA	Craig Palmer	NEA	James Williams
AFT	Joan Buckley	NESC	Allan Shedlin
ANA	GenieWessel	NIEA	Lorraine Edmo
APA	Ronda Talley	NRHA	Walter Pidgeon
	Dr. Rick Short	NSBA	Brenda Greene
APHA	Richard Gilbert	ZERO TO THREE	Beverly Jackson
ASLHA	Cassandra Peters- Johnson	<u>FRIENDS</u>	<u>Representative</u>
AMCHP	Barbara Aliza	Hanover Region School	Patricia Gurney
ASPH	Martha Levin	Conservation Company	Karla Shepard
ASTHO	Mary McCall		Dara Goldberg
AWHONN	Fay Rycyna		Brenda Leath
CCSSO	Darlene Saunders Cindy Brown	NCAAC	
COSSMHO	Magdalena Lewis	<u>Federal</u>	<u>Representative</u>
HMHB	Leslie Dunne Claudia Morris	Office of Disease Prevention and Health Promotion, DHHS	Nicole Walls
NABSE	Santee Ruffin	Bureau of Primary Health Care, DHHS	Sarah Bailey
NAAPAE	Nguyen Minh Chau		Laura Visser
NAEYC	Elizabeth Ford	U.S. Department of Education	Ellaine Holland
NAPNAP	Robin Zink		
NASN	Judith Ressallat		
NASSP	Gwendolyn Cook		

For inquiries relating to the National Commission to Prevent Infant Mortality, please write:

**National Commission to Prevent
Infant Mortality
P.O. Box 3536
Capitol Heights, Md. 20791**

For Publications:

**National MCH Clearinghouse
8201 Greensboro Dr.
Suite 600
McLean, Va. 22102-3810
Tel. No. 703-821-8955
Ext. 254 or 265**

For inquiries relating to the National Health/Education Consortium, please write or call:

**The Institute for Educational Leadership
1001 Connecticut Avenue, NW
Suite 310
Washington, DC 20036
Tel. No. 202-822-8405**

For inquiries relating to the National Consortium for African American Children, please write or call:

**The Office of the Provost
University of the District of Columbia
c/o The Center for Research & Urban Policy
4200 Connecticut Avenue, NW
Washington, DC 20008
Tel. No. 202-274-5599/Attn: Brenda Leath**

For inquiries relating to the Resource Mothers Development Project, please write or call:

**International Medical Services for Health (INMED)
45449 Severn Way
Suite 161
Sterling, Va. 22170
Tel. No. 703-444-4477 or 800-521-1175
Attn: Susanna Calley**

To order "An Action Blueprint for Business: Forging New Partnerships to Make a Difference in Maternal and Child Health" please write or call:

**Washington Business Group on Health (WBGH)
777 North Capitol St., NE
Washington, DC 20002
Tel. No. 202-408-9320**

**The Offices of the
The National Commission to Prevent Infant Mortality
have been closed**

Effective December 31, 1993

See Inside for Forwarding Address(es)

The Honorable Lawton Chiles
Governor
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NATIONAL
HEALTH/EDUCATION
CONSORTIUM

William S. Woodside
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PUBLICATIONS

Crossing the Boundaries Between Health and Education

NHEC's first publication, summarizing the research findings linking health and education which were presented at the Consortium's initial symposium in May of 1990. (1990, \$9)

Healthy Brain Development: Precursor to Learning

Occasional Paper #1, presenting the findings and recommendations from a December 1990 Consortium-sponsored meeting at which nationally recognized neuroscientists discussed the relationship of early brain development to children's learning potential. (1991, \$5)

A Practitioner's Perspective on the Interrelationship of the Health and Education of Children

Occasional Paper #2, written by Ramon Cortines, former Superintendent of Schools in San Francisco, California. Cortines presents evidence of the need for comprehensive health education in the schools and recommends improvements in curriculum design. (1991, \$5)

Cocaine-Exposed Children: A Growing Health/Education Issue

Occasional Paper #3, provides an overview of how cocaine and general drug use during pregnancy affects the health and ultimate learning potential of infants. It also offers action steps that can help prevent the problems associated with drug exposure during pregnancy. (1992, \$5)

Creating Sound Minds and Bodies: Health and Education Working Together

This special report examines health/education policy environments and suggests collaboration at the federal, state, and local levels. It also catalogues a number of ongoing activities and provides an annotated bibliography of resources. (1992, \$10)

At Risk Does Not Mean Doomed

Occasional Paper #4, by Craig T. Ramey and Sharon L. Ramey, Co-Directors of the Civitan International Research Center, analyzes the results of their research in early intervention programs for children. The research not only shows that these programs can significantly improve school readiness, but moreover demonstrates that certain types of children are in greater need of early intervention. (1992, \$5)

Bridging the Gap: An Education Primer for Health Professionals and
Bridging the Gap: An Health Care Primer for Education Professionals

This two-part primer describes the health and education systems and how professionals from both fields can work with each other. (1992, \$12)

Health/Education Collaboration: Insights Into Six Field Activities

In Occasional Paper #5, NHEC Local Field Activity Coordinator Carl Dolan describes five NHEC-sponsored community initiatives and analyzes implications for future activities. (1992, \$5)

(OVER)

The Poisoning of America's Children: Lead Exposure, Children's Brains and the Ability to Learn

In Occasional Paper #6, Dr. Herbert Needleman of the University of Pittsburgh provides a timely, comprehensive overview of lead poisoning, presenting compelling research that demonstrates the long and short-term effects of low level lead exposure on children's intellectual ability and social adjustment. (1992, \$5)

Children's Mental Health and Their Ability to Learn

Occasional Paper #8, written by the National Mental Health Association, examines the current status of children's mental health and its impact on children's ability to learn. The authors explore the services presently available to address children's mental health needs and suggest policy and action steps to improve the provision, availability, and accessibility of these services. (1993, \$5)

Eat to Learn, Learn to Eat: The Link Between Nutrition and Learning in Children

This special report provides an overview of the link between nutrition and learning in children. It also describes the successes and limitations of public and private child nutrition programs. The report suggests action steps that can be taken to improve the nutritional status in children so they can be healthy and ready to learn. (1993, \$10)

School Nursing: Trends for the Future

In Occasional Paper #9, Carole Passarelli of the Yale School of Nursing highlights the increased need for school health nurses -- providing recommendations for the best use of these essential professionals, illustrating various settings in which school nurses play an integral role, and describing progressive school nurse programs that are currently at work. (1993, \$5)

Florida's Youth, Florida's Future

This study, produced for NHEC by IEL's Center for Demographic Policy, identifies the demographic trends of Florida's children at health and educational risk and provides data to facilitate collaborative planning strategies for the education and health systems to work more closely together on prevention and intervention programs. (July 1993, \$12)

Texas' Youth, Texas' Future

This study, produced for NHEC by IEL's Center for Demographic Policy, identifies the demographic trends of Texas' children at health and educational risk and provides data to facilitate collaborative planning strategies for the education and health systems to work more closely together on prevention and intervention programs. (December 1993, \$12)

* * *

In addition, the **National Health/Education Consortium (NHEC) offers a yearly subscription to its newsletter "NHEC News."** "NHEC News," published three times per year, summarizes the activities, research and publications of the Consortium and related health/education initiatives. (\$10 yearly subscription fee).

If you are interested in ordering any of the above publications, please send a check or money order to:

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(March 1994)

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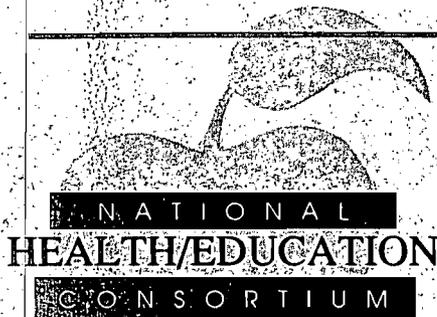
CONSORTIUM

WINTER MEMBERSHIP MEETING
National Guard Hall
One Massachusetts Ave.
March 16, 1994
8:30 AM - Noon

AGENDA

"Where we have been, Where we are, Where we are going"

- 8:30 AM **Doughnuts and Coffee**
- 9:00 AM **Welcome & Introduction**
Rae Grad, Michael Usdan, NHEC Co-Directors
- 9:10 AM **Where We Have Been & Where We Are Going -- Some Thoughts on Health/Education Collaboration**
Thomas Payzant, Assistant Secretary for Elementary and Secondary Education
Introduction -- Cindy Brown, Director, Resource Center on Educational Equity, CCSSO
- 9:45 AM **Where We Are -- The Federal Budget and Its Implications for the Health/Education Connection**
Stanley Collender, Director, Federal Budget Policy, Price Waterhouse
- 10:15 AM **Break**
- 10:30 AM **Where We Are -- A State Policymaker's Perspective**
Dr. Charles Mahan, State Health Officer for the State of Florida
- 10:50 AM Question and Answer Period
- 11:00 AM **Where We Are Going**
A membership discussion geared toward eliciting feedback from the NHEC membership about the future mission and activities of the Consortium, and the involvement of the membership.
- Noon **Adjourn**



NHEC News

"Crossing the Boundaries Between Health and Education"

March 1994

What it Takes for Health and Education Agencies to Collaborate Effectively

With federal and state governments stepping up efforts to promote interagency cooperation on school-based health services and health education, it seems appropriate to take a brief look at what effective interagency collaboration will require. NHEC asked Margaret Dunkle, Director of the Institute for Educational Leadership's Policy Exchange, to address the topic. Her comments here have appeared in part in Education Week - Editors

With an access to young people unrivaled by any other social institution, schools are being asked to play a greater role than ever before in serving the nonacademic needs of students, especially those who are classified as "at risk." But because they are neither health nor social-service experts, educators are understandably hesitant to take on all of the complex social problems of such children.

Yet helping these youths succeed in school requires more than instruction in the three R's. To educate effectively, schools must find new ways of working with the public and private agencies equipped to meet these other needs.

Many cooperative efforts fail because each participant — looking at the world from his or her own vantage point —

sees a different picture of the same child. For example, in looking at a high-risk teenager:

- ☛ An educator sees a student in danger of dropping out;
- ☛ A health-care provider sees a patient at risk of having a low-birthweight baby;
- ☛ A social-service worker sees a client who may require public assistance;
- ☛ A juvenile-justice worker sees a potential runaway, and
- ☛ An employment specialist sees a trainee needing multiple services.

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NHEC Consolidates its Offices at IEL

The National Commission to Prevent Infant Mortality Closes Its Doors

The National Commission to Prevent Infant Mortality (NCPIM), one of NHEC's two original parent organizations, officially closed its doors on December 31, 1993 after seven years of commitment to improving children's health, education and welfare. Through its many projects, programs and publications, the Commission has left a meaningful legacy in its fight against infant mortality by helping to ensure universal

Continued on page 2

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Texas' *YOUTH,* Texas' *FUTURE*



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This report was made possible by a grant from the AT & T Foundation.

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