

CHILD DEVELOPMENT AND EDUCATION

PRESENTED TO:
NATIONAL ASSOCIATION OF CHILD ADVOCATES

REMARKS BY:

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SKY CHEFS, INC.

BALTIMORE, MARYLAND
SEPTEMBER 27, 1991

DISADVANTAGED CHILDREN AND OUR FUTURE

(1987)

THE C.E.D. "CHILDREN IN NEED" REPORT¹ WAS THE FIRST TO
RECOGNIZE THAT RESTRUCTURING SCHOOLS AND IMPROVING
QUALITY OF TEACHERS LEFT OUT ENTIRELY THE EARLY AND
SUSTAINED INTERVENTION IN THE LIVES OF DISADVANTAGED
CHILDREN. CONSERVATIVE ESTIMATES SHOW THAT A
SHOCKING 30% OF OUR SCHOOL POPULATION ARE
DISADVANTAGED.

THE MOST RECENT REPORT (1991) "THE UNFINISHED
AGENDA: A NEW VISION FOR CHILD DEVELOPMENT AND
EDUCATION" IS AN UPDATE OF PROGRESS (WITH
EXAMPLES) WITH EVEN HEAVIER EMPHASIS ON CHILD
DEVELOPMENT IN THE PRESCHOOL YEARS

DISADVANTAGED CHILDREN AND OUR FUTURE

THE REPORTS SHOW THAT POVERTY CORRELATES CLOSELY WITH SCHOOL FAILURE, ESPECIALLY WHERE FAMILY STRUCTURE HAS BROKEN DOWN AS WELL. POOR STUDENTS ARE THREE TIMES MORE LIKELY TO BECOME DROPOUTS THAN STUDENTS FROM MORE ECONOMICALLY ADVANTAGED HOMES. THIS IS HARDLY SURPRISING: CHILDREN OF THE POOR SUFFER MORE FREQUENTLY FROM ALMOST EVERY FORM OF CHILDHOOD DEFICIENCY, INCLUDING INFANT MORTALITY, GROSS MALNUTRITION, RECURRENT AND UNTREATED HEALTH PROBLEMS, PSYCHOLOGICAL AND PHYSICAL STRESS, CHILD ABUSE, AND LEARNING DISABILITIES.

AND NOW FOR A FEW STATISTICS, WHICH I DO NOT EXPECT YOU TO REMEMBER, TO GIVE YOU AN OVERALL IMPRESSION OF THE MAGNITUDE OF THE PROBLEM.

DISADVANTAGED CHILDREN AND OUR FUTURE

AS A GROUP, CHILDREN ARE NOW THE POOREST SEGMENT OF THE NATION'S POPULATION. THEY ARE NEARLY SEVEN TIMES AS LIKELY TO BE POOR AS THOSE OVER SIXTY-FIVE, OVER 20% OF ALL CHILDREN UNDER 18 CURRENTLY LIVE IN FAMILIES WHOSE INCOMES FALL BELOW THE POVERTY LINE, AND 25% OF ALL CHILDREN UNDER 6 ARE NOW LIVING IN POVERTY. (~~ALTHOUGH ALMOST TWO-THIRDS OF ALL POOR CHILDREN ARE WHITE, BOTH BLACKS AND HISPANICS ARE MORE LIKELY TO BE POOR, 43% OF BLACK AND 40% OF HISPANIC CHILDREN LIVE IN POVERTY. BLACK CHILDREN ARE NEARLY THREE TIMES AS LIKELY TO LIVE IN POVERTY AS WHITE CHILDREN.~~)

THERE HAS ALSO BEEN AN EPIDEMIC INCREASE IN THE NUMBER OF CHILDREN BORN OUTSIDE OF MARRIAGE, ONE HALF OF THESE TO TEENAGE MOTHERS WHO TEND TO HAVE PREMATURE BIRTHS BECAUSE OF INADEQUATE NUTRITION AND MEDICAL CARE. LOW BIRTH WEIGHT IS THE SINGLE BEST PREDICTOR OF WHAT'S GOING TO HAPPEN DURING THE EDUCATION PROCESS. WEIGHT BELOW 5 LBS. COMBINED WITH INADEQUATE MEDICAL CARE HAS A TERRIBLE IMPACT. TODAY ~~BETWEEN 20 AND 25% OF OUR ANNUAL BIRTHS ARE ALMOST ASSURED OF BEING EDUCATIONALLY RETARDED OR DIFFICULT TO TEACH AS THEY GO THROUGH OUR SCHOOL SYSTEM.~~

ABOUT 1/3 OF PRESCHOOL CHILDREN ARE DESTINED FOR SCHOOL FAILURE BECAUSE OF POVERTY, NEGLECT, SICKNESS, HANDICAPPING CONDITIONS AND LACK OF ADULT PROTECTION AND ~~ADULT~~ NURTURE.

AND FROM THIS WE CAN SEE CLEARLY THAT

~~SCHOOLS AND EDUCATORS CANNOT DO JOB BY THEMSELVES WITHOUT JOB OPPORTUNITIES, HEALTH CARE, HOUSING, TRANSPORTATION AND PERSONAL SECURITY IN URBAN AND SUBURBAN CITIES, IT IS IMPOSSIBLE TO ASK A SCHOOL~~

THERE IS ONE OTHER LARGE GROUP OF CHILDREN AT RISK WHERE POVERTY IS NOT THE CORRELATION.

THERE ARE 7 MILLION CHILDREN WHO LIVE WITH PARENTAL ALCOHOLISM — 1 OUT OF EVERY 10 UNDER AGE 18.

SINCE THEY ALREADY EXIST AMONG YOUR CONSTITUENTS THEY CAN BE MADE PART OF AN ADVOCACY AGENDA.

THEY HAVE MORE PHYSICAL, EMOTIONAL & MENTAL HEALTH PROBLEMS — HEALTH CARE COSTS ARE HUGE — AS EARLY AS 4 YEARS OLD THEY HAVE POOR

PERFORMANCE SKILLS & LEARNING PROBLEMS — AS TEENAGE

MORE LIKELY TO BE TRUANT, DROP OUT, BECOME DELINQUENT.

ABUSE ALCOHOL & OTHER DRUGS AND BECOME DEPRESSIVE

AND SUICIDAL.

DISADVANTAGED CHILDREN AND OUR FUTURE

MY FOCUS IN EDUCATION THE LAST ¹⁵~~10~~ YEARS HAS BEEN ON URBAN CHILDREN AT RISK, AND BECAUSE OF THAT, I HAVE AN APOCALYPTIC VISION OF THE FUTURE. DISTURBING FACTS ABOUT SCHOOL CHILDREN HAVE BEEN MARSHALLED TIME AND AGAIN. LET ME GIVE YOU 2 EXAMPLES:

LET'S TAKE A NATIONAL PROFILE OF THE CLASS OF 2001 WHICH STARTED KINDERGARTEN ~~LAST FALL~~. *2 YRS AGO*

25% LIVING BELOW PROVERTY LINE

15% HAVE MENTAL OR PHYSICAL HANDICAPS

14% BORN TO TEENAGE MOTHERS

14% BORN TO UNMARRIED MOTHERS

DISASTER IS ALMOST GUARANTEED IF KIDS FALL INTO MORE THAN ONE CATEGORY.

DURING THE NEXT HALF HOUR OF THIS FOCUS SESSION, MORE THAN 160 YOUNG PEOPLE IN THE U.S. WILL MAKE PERSONAL DECISIONS THAT WILL AFFECT THEM AND THEIR OFFSPRING FOR THE REST OF THEIR LIVES. THESE DECISIONS WILL AFFECT THEIR HEALTH AND THEIR CAPACITY TO SUCCEED EDUCATIONALLY AND ECONOMICALLY. NEARLY 50 WILL DROP OUT OF SCHOOL; 85 WILL COMMIT A VIOLENT CRIME AGAINST ANOTHER HUMAN BEING AND 27 TEENAGE GIRLS WILL GIVE BIRTH, 16 OF THEM OUT OF WEDLOCK. BY THE END OF THE YEAR, 1 MILLION STUDENTS WILL HAVE DROPPED OUT OF SCHOOL; 1.3 MILLION YOUNG PEOPLE WILL HAVE COMMITTED A VIOLENT CRIME; AND 478,000 TEENAGERS WILL HAVE GIVEN BIRTH. EACH OF THESE YOUTHS IS ALSO AN AMERICAN AND A DISPROPORTIONATE NUMBER OF THEM ARE MEMBERS OF MINORITY GROUPS.

INDEPENDENT SECTOR

DISASTER IS ALMOST GUARANTEED IF KIDS FALL INTO MORE
THAN ONE CATEGORY.

AND HERE IS "A DAY IN THE LIVES OF AMERICAN CHILDREN"
FROM THE CHILDRENS DEFENSE FUND:

1,868 TEENS DROP OUT OF SCHOOL

988 AMERICAN CHILDREN ARE ABUSED

2,989 CHILDREN SEE THEIR PARENTS DIVORCED

1,099 TEENAGERS HAVE ABORTIONS

1,287 TEENAGERS GIVE BIRTH

110 BABIES DIE BEFORE THEIR FIRST BIRTHDAY

27 CHILDREN DIE BECAUSE OF POVERTY

5 SCHOOL-AGE YOUTHS ARE MURDERED

5 TEENS COMMIT SUICIDE

DISADVANTAGED CHILDREN AND OUR FUTURE

THE FACTS ARE NOT NEW BUT OUR INCREASING RECOGNITION IS NEW. WE ARE BEGINNING TO ARRIVE AT A MORE REALISTIC UNDERSTANDING OF THE PROBLEMS FACED BY LARGE NUMBERS OF CHILDREN. WE ARE PUTTING ASIDE THE TRADITIONAL COMPARTMENTALIZED VIEW THAT LOOKS AT EDUCATION AS ONE PROBLEM, HEALTH AS ANOTHER, FAMILY INCOME AS A THIRD.

IN ITS PLACE, WE ARE ADOPTING A MORE COMPREHENSIVE VIEW THAT TAKES INTO ACCOUNT THE WAYS EDUCATION, HEALTH, NUTRITION, HOUSING, FAMILY INCOME, SOCIAL SUPPORTS AND EVEN POLITICAL DECISIONS ALL INTERACT TO FROM THE ENVIRONMENT IN WHICH YOUNG PEOPLE LIVE AND THE OPPORTUNITIES THAT ARE AVAILABLE TO THEM.

DISADVANTAGED CHILDREN AND OUR FUTURE

THESE ARE IMPORTANT SIGNS OF PROGRESS. BUT IF OUR
OUTLOOK HAS CHANGED, THE OBSTACLES BEFORE US HAVE NOT
CHANGED.

ONE OF THEM IS OUR OWN HISTORY.

WHEN IT COMES TO DEVELOPING RHETORIC ABOUT CHILDREN,
I DOUBT WE HAVE AN EQUAL IN THE WORLD, EXCEPT FOR A
BRIEF PERIOD IN THE SIXTIES WHEN WE DEVELOPED AND
IMPLEMENTED A RANGE OF PROGRAMS AIMED AT PROVIDING
ALL CHILDREN WITH A RELATIVELY EQUAL OPPORTUNITY IN
LIFE, OUR RECENT PERFORMANCE HAS NOT COME CLOSE TO
OUR RHETORIC.

AND THE RHETORIC CONTINUES! JUST ~~LAST WEEK~~ ^{6 MONTHS}
PRES. BUSH IDENT. IS COMMON. TARGETED FOR FUNDS TO
REDUCE INFANT MORTALITY 50% OVER NEXT 5 YEARS.
BALTIMORE IS ONE. ⁸ BUT WHAT HE DIDN'T SAY WAS THAT
JUST ~~8~~ ⁸ DAYS BEFORE, HIS ADMIN. ISSUED NEW PLAN
THAT ARE EXPECTED TO CUT FED. MEDICARE PAYMENTS FOR
POOR CHILDREN BY FAR MORE THAN ^{THE} AMOUNT OF THE

~~THEY~~
BY GRAND
LAWYERS
WOULD BE
RELEASED
BUT!

DISADVANTAGED CHILDREN AND OUR FUTURE

IN FACT MORTALITY IS OBVIOUSLY IMPORTANT
~~TAKE INFANT MORTALITY AND CHILD HEALTH.~~

EVERYONE AGREES THAT CHILDREN WHO RECEIVE EARLY
HEALTH CARE FARE BETTER IN LIFE THAN CHILDREN WHO DO
NOT; FOR 60 YEARS WE HAVE KNOWN THAT QUALITY PRENATAL
CARE CAN REDUCE INFANT MORTALITY AND ELIMINATE MANY
OF THE PROBLEMS THAT LEAD TO HIGH-RISK BIRTHS AND
SUBSEQUENT POOR HEALTH AMONG INFANTS, AS WELL AS
PROBLEMS IN LATER LIFE THAT ARE ASSOCIATED WITH POOR
CHILD HEALTH.

DISADVANTAGED CHILDREN AND OUR FUTURE

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YET THE UNITED STATES CURRENTLY RANKS ^{22ND} 19TH AMONG
INDUSTRIALIZED NATIONS IN INFANT MORTALITY, AND 15
MILLION WOMEN OF CHILDBEARING AGE HAVE NO PRIVATE OR
GOVERNMENT HEALTH INSURANCE THAT COVERS MATERNITY
CARE.

IN ADDITION, WE MAKE THE HEAD-START PROGRAM AVAILABLE
TO LESS THAN 20 PERCENT OF THE CHILDREN WHO NEED IT,
PLACE SHARP RESTRICTIONS ON THE NUMBER OF WOMEN AND
CHILDREN WHO RECEIVE THE BENEFITS OF FOOD AND
NUTRITION PROGRAMS AND DRAMATICALLY LIMIT THE CHAPTER
1 ASSISTANCE WE PROVIDE OUR PUBLIC SCHOOLS.

DISADVANTAGED CHILDREN AND OUR FUTURE

THAT'S THE HISTORY WE HAVE TO OVERCOME.

THE NATURE OF THE POVERTY IN WHICH SO MANY CHILDREN
NOW LIVE IS THE SECOND MAJOR OBSTACLE IN OUR PATH.

IT IS A POVERTY UNLIKE ANY WE BECAME FAMILIAR WITH IN
THE PAST. IT IS NOT A POVERTY THAT HAS A TEMPORARY
HOLD OVER ITS VICTIMS. IT IS A POVERTY THAT IS BOTH
EXTENSIVE AND DEEPLY INGRAINED. IT IS FAR MORE
SEVERE AND OPPRESSIVE THAN MOST OF US IMAGINE, AND IT
OFTEN DEFEATS THE BEST EFFORTS OF DEDICATED AND
HARD-WORKING PARENTS.

ALTHOUGH THE NATIONAL POVERTY RATE HAS BEEN HELD
STEADY AT 14 PERCENT, CONSIDER ~~THESE FACTS~~: *JUST ONE FACT!*

DISADVANTAGED CHILDREN AND OUR FUTURE

0 THE "POVERTY GAP," THE AMOUNT BY WHICH THE INCOME OF THE POOR FALLS BELOW THE POVERTY LINE, IS LARGER THAN AT ANY TIME IN 27 YEARS, EXCEPT FOR THE HIGH UNEMPLOYMENT YEAR OF 1983.

0 THE PROPORTION OF POOR WHO FALL INTO THE CATEGORY OF THE POOREST OF THE POOR IS AT THE HIGHEST LEVEL IN MORE THAN A DECADE.

0 THE POVERTY RATE AMONG YOUNG FAMILIES WITH CHILDREN DOUBLED BETWEEN 1974 AND 1983. BY 1985, HALF OF ALL YOUNG FAMILIES WITH CHILDREN WERE LIVING IN POVERTY.

DISADVANTAGED CHILDREN AND OUR FUTURE

AT THE PRESENT TIME, THE MOMENT SEEMS RIGHT FOR SOME INTENSIVE EFFORTS TO IMPROVE THE EARLY LIVES OF CHILDREN; TO PUT INTO PLACE, ON A MORE EXTENSIVE SCALE THAN CURRENTLY EXISTS, PROGRAMS THAT WILL IMPROVE THE ODDS THAT CHILDREN WHO ARE DISADVANTAGED TODAY WILL HAVE A BETTER FUTURE TOMORROW.

DISADVANTAGED CHILDREN AND OUR FUTURE

How can we improve the odds that children who are disadvantaged today will have a better future tomorrow.

THOSE INITIATIVES THAT FOCUS ON THE EARLY LIVES OF

CHILDREN SHOULD INCLUDE THE FOLLOWING:

1. ACCESS TO PRENATAL CARE FOR ALL PREGNANT WOMEN.
2. FULL PARTICIPATION IN THE WIC PROGRAM AND SIMILAR STATE PROGRAMS.
3. ENDING CHILDHOOD HUNGER IN AMERICA.
4. IMMUNIZING EVERY CHILD AGAINST INFECTIOUS DISEASES.
5. MAKING QUALITY DAY CARE ACCESSIBLE TO CHILDREN OF PARENTS WHO MUST WORK.

(Would make this mean's tested rather than empty as the Nat. Comm. of Children recommend)

DISADVANTAGED CHILDREN AND OUR FUTURE

6. EXPANDING HEAD START AND CHAPTER ONE TO ALL
ELIGIBLE CHILDREN.

7. EFFECTIVE TEENAGE PREGNANCY PREVENTION
PROGRAMS.

NOT A NEW IDEA IN THE LOT AND ~~ALREADY~~ ALL PROVEN TO BE
VERY COST EFFECTIVE.

DISADVANTAGED CHILDREN AND OUR FUTURE

ARE THEY EXPENSIVE? MY ANSWER IS--COMPARED TO WHAT?

THE NUMBERS FOR ~~THE~~ ^{THE} VERY IMPORTANT PROGRAMS --
WIC, IMMUNIZATION, CHILD CARE (INCLUDES HEADS,
PRENATAL CARE, ~~CHILDCARE~~ AND HEADSTART -- NET OUT TO
#10 TO INCREASE OVER PRESENT LEVELS.
\$11.5 BILLION¹ IS THIS A LOT OF MONEY? YES -- BUT

IT'S NOT MUCH MORE THAN ONE YEAR'S COST OF LIVING

ONLY A DROP IN THE ENORMOUS BUCKET OF
INCREASE IN SOCIAL SECURITY. WE KNOW PRENATAL CARE *INCREASINGLY*
REDUCES LEV.
AND NUTRITION PROGRAMS SAVE AT LEAST \$3 FOR \$1 SPENT *OF DEFENSE*
IN HOSPITAL COSTS ALONE. WE KNOW THAT HEAD-START *SPENDING.*
IMMUNIZATION SAVES \$10 FOR 1.
PROGRAMS RETURN ~~\$6~~ ⁷ FOR EVERY \$1 SPENT. RECENT

ESTIMATES ARE THAT IT COSTS THE NATION \$240 BILLION
(SOME \$10 BILL)
IN FOREGONE TAXES¹ OVER THE LIFETIME OF EACH YEAR'S

CLASS OF DROPOUTS. AND THIS NUMBER DOESN'T INCLUDE

THE BILLIONS MORE FOR CRIME, WELFARE, AND HEALTH CARE

THAT THIS GROUP COSTS THE U.S. THE COSTS ARE FAR

GREATER TO ACCEPT THE SYSTEM AS IT IS RATHER THAN TO

TRY TO CHANGE IT.

DISADVANTAGED CHILDREN AND OUR FUTURE

I'M NOT SUGGESTING THAT ALL WE HAVE TO DO IS SPEND A FEW BILLION AND EVERYTHING WILL BE GREAT. IT WILL TAKE YEARS OF CONTINUED COMMITMENT OF ENERGIES AND FUNDS TO MAKE MAJOR IMPROVEMENTS IMPACTING THE EDUCATION OF DISADVANTAGED KIDS AND THE POVERTY FROM WHICH THEY EMERGE.

I WON'T EVEN TOUCH TODAY THE IMPORTANCE OF WORK/WELFARE & EDUCATION/WELFARE PROGRAMS. ~~THESE~~ THESE ARE ALSO IMPORTANT IF WE DON'T WANT TO LOSE THE NEXT 2 GENERATIONS.

DISADVANTAGED CHILDREN AND OUR FUTURE

IS THIS TRIP NECESSARY? YOU CAN BET YOUR SURVIVAL IT IS! I MENTIONED EARLIER THAT THE DROPOUT RATE FOR U.S. IS 25%, BUT ITS 50% IN MAJOR CITIES WHERE MANY OF YOU ARE LOCATED. WHERE WILL OUR FUTURE WORK FORCE COME FROM, ~~OR ARE WE WILLING TO SETTLE FOR NEW YORK TELEPHONE'S EXPERIENCE OF 18,000 APPLICANTS TO FILL 2,000 ENTRY LEVEL JOBS?~~ WHAT WILL HAPPEN TO THE CRIME RATE, THE TAX BASE, THE CITY'S CULTURE UNLESS WE DO SOMETHING TO HELP ENSURE THAT WE PRODUCE EDUCATED AND TRAINED YOUNG ADULTS WHO CAN PLAY A MEANINGFUL ROLE IN OUR SOCIETY?

DISADVANTAGED CHILDREN AND OUR FUTURE

IF WE SPREAD OUR VISION FURTHER, WE CAN SEE THAT WE
ARE DOOMED AS A WORLD POWER, DOOMED ^{TO} ~~BE~~ A CONSTANTLY
FALLING STANDARD OF LIVING UNLESS WE DO A BETTER JOB
WITH OUR DISADVANTAGED YOUTH. THERE HAS NEVER BEEN A
CASE IN HISTORY WHERE A LEADING NATION WAS NOT ALSO
AN ECONOMIC LEADER. AND YET HOW CAN WE COMPETE WITH
JAPAN AND GERMANY, IF 25% OF OUR WORKFORCE DOES NOT
EVEN HAVE A HIGH SCHOOL EDUCATION AND THAT, AN
INADEQUATE ONE.

DISADVANTAGED CHILDREN AND OUR FUTURE

MOST IMPORTANTLY, I THINK WE'RE TALKING ABOUT SURVIVAL OF DEMOCRACY IN THE U.S. THE 2 TIERING OF OUR SOCIETY IS DESTROYING THE SHARED VISION OF OURSELVES TOWARD WHICH WE'VE BEEN STRIVING FOR 200 YEARS AND WHICH IS THE ESSENCE OF OUR DEMOCRATIC PROCESS. IF WE ARE NOT PREPARED TO ADDRESS THESE ISSUES, SOONER OR LATER WE WILL WIND UP IN 2 ARMED CAMPS. THE WORLD HAS MANY TRAGIC EXAMPLES OF THIS -- MEXICO, PHILIPPINES, PUERTO RICO, VENEZUELA -- ALL PLACES WHERE THE HAVES LIVE IN COMPOUNDS WITH WALLS, BARBED WIRE, BROKEN GLASS AND ARMED GUARDS, TO PROTECT THEMSELVES FROM THE HAVE NOTS. NONE OF US WANT OUR CIVILIZATION TO BE DESTROYED IN THIS WAY.

THIS IS WHY THE PROBLEMS AND THE SOLUTIONS HAVE A TERRIBLE URGENCY.

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THESE IDEAS ARE COMMON PLACE WITH US HOW DO WE MAKE THEM COMMON PLACE ^{WITH} EVERYONE. WHAT STRATEGIES WILL MOVE OUR VISION TOWARD REALITY



ASSOCIATION OF
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August 12, 1991

William S. Woodside
Chairman
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Dear Mr. Woodside:

Thank you for agreeing to participate in the AAMC Focus Session entitled "Educational Partnerships: Where Do Academic Medical Centers Fit?" at our Annual Meeting. This session which includes your presentation "The Business Perspective" will take place on Tuesday, November 12, 1991, 10:30 a.m. to 12:00 Noon in the Ballroom West of the Washington Hilton Hotel, Washington, D.C. Your session moderator will contact you regarding program format.

Enclosed is a registration packet. Please fill out and return to the address listed on the form. Your registration is complimentary and you will be reimbursed for your travel expenses.

Sincerely,

Herbert W. Nickens, M.D., M.A.
Vice President for Minority Health,
Education, and Prevention

Encl.
HWN/ayp

I SUPPOSE MOST IF NOT ALL OF US WHO ARE NOT
PROFESSIONAL EDUCATORS AT THE SECONDARY
SCHOOL LEVEL ^{OR} ~~AND~~ ^{YEARS} EARLIER ^N BECAME CONCERNED ^X
ABOUT PUBLIC EDUCATION BECAUSE OF A SCARCITY
OF REASONABLY EDUCATED GRADUATES FOR
BUSINESSES, FOR COLLEGES, FOR GRADUATE
SCHOOLS INCLUDING MEDICINE.

FOR MOST OF US THIS REALIZATION HAS
OCCURRED ONLY IN THE RECENT PAST. IN FACT
I AM CONVINCED THAT MOST COLLEGE PRESIDENTS
UNTIL 7 OR 8 YEARS AGO THOUGHT THAT THEIR
INCOMING STUDENTS WERE BORN DIRECTLY FROM
ZEUS'S FOREHEAD INTO THEIR FRESHMAN
CLASSES.

NOW WE ALL RECOGNIZE THAT WE HAVE A FULL
SCALE DISASTER ON OUR HANDS WHICH WILL
REQUIRE LONG AND SUSTAINED COMMUNITY
INTERVENTION IF WE ARE TO RECONSTITUTE AN
EFFECTIVE PUBLIC EDUCATION SYSTEM.

IT ALSO SEEMS TO ME THAT IN ORDER FOR YOU
TO REACH YOUR GOAL OF DOUBLING THE
MINORITIES PARTICIPATING IN MEDICAL SCHOOL
BY THE YEAR 2000 YOU MUST START AT AN
EARLIER POINT IN THE SYSTEM.

GOOD HEALTH IS A SIGNIFICANT DETERMINANT OF A CHILD'S ABILITY TO LEARN AND SUCCEED IN SCHOOL AND LATER, HIS OR HER ABILITY TO MAKE A SIGNIFICANT ECONOMIC CONTRIBUTION TO SOCIETY. THE HEALTH AND EDUCATION SECTORS, HOWEVER, HAVE HISTORICALLY APPROACHED PROGRAMS AND SERVICES FOR CHILDREN FROM DIFFERENT PERSPECTIVES. I WOULD VENTURE TO GUESS THAT THIS SAME DIFFERENCE OF PERSPECTIVE EXISTS IN OUR COLLEGES OF EDUCATION AND MEDICAL COLLEGES.

EDUCATORS ARE CURRENTLY BEING ASKED TO ADDRESS A WIDE VARIETY OF HEALTH ISSUES WITH WHICH THEY HAVE MINIMAL EXPERTISE, EG, TEEN PREGNANCY PREVENTION, ALCOHOL AND DRUG ABUSE, PREVENTION OF SEXUALLY TRANSMITTED DISEASES, ANTI-SOCIAL BEHAVIOR, AND SUICIDE.

BOTH OUR HEALTH AND EDUCATION SYSTEMS NEED IMPROVEMENT. EACH OF THEM IS CURRENTLY ENGAGED IN ITS OWN, FOR THE MOST PART SEPARATE, REFORM AGENDA. SCHOOLS ARE CURRENTLY INVOLVED IN A SET OF REFORMS AIMED AT RAISING EDUCATION STANDARDS BY INCREASING ACADEMIC REQUIREMENTS WITH THE HOPE OF PREPARING A MORE LITERATE AND COMPETENT WORK FORCE. SIGNIFICANT ENERGY IS GOING INTO ENSURING THAT THESE NEW ACADEMIC STANDARDS ARE IMPLEMENTED. IRONICALLY, VERY LITTLE ATTENTION HAS BEEN PAID TO THE FACT THAT GOOD HEALTH IS A PREREQUISITE TO ACADEMIC AND ECONOMIC SUCCESS.

ONLY RECENTLY HAVE GOVERNMENTS AND OTHER INSTITUTIONS
SUBSTANTIVELY BEGUN WORKING TOWARD THE COORDINATION OF HEALTH
AND EDUCATION SERVICES FOR CHILDREN AND THEIR FAMILIES. MANY
OF THESE NEW POLICIES AND PROGRAMS ARE GROWING LARGELY OUT OF
THE GOAL #1 OF THE NATIONAL EDUCATION GOALS FOR THE YEAR 2000,
PROMULGATED BY THE PRESIDENT AND GOVERNORS; "BY THE YEAR 2000,
ALL CHILDREN WILL START SCHOOL READY TO LEARN." THIS "LEARNING
READINESS GOAL" HAS PROMPTED POLICYMAKERS, PRACTITIONERS, AND
COMMUNITY LEADERS TO THINK IN NEW WAYS ABOUT THE MOST EFFICIENT
AND EFFECTIVE WAYS TO ENSURE THE HEALTH AND EDUCATION OF OUR
CHILDREN. MUCH WORK REMAINS TO BE DONE, HOWEVER.

DRAFT**CONTEXT**

- During the next half hour of this focus session, more than 160 young people in the U.S. will make personal decisions that will affect them and their offspring for the rest of their lives. These decisions will affect their health and their capacity to succeed educationally and economically. Nearly 50 will drop out of school; 85 will commit a violent crime against another human being and 27 teenage girls will give birth, 16 of them out of wedlock. By the end of the year, 1 million students will have dropped out of school; 1.3 million young people will have committed a violent crime; and 478,000 teenagers will have given birth. Each of these youths is also an American and a disproportionate number of them are members of minority groups.*
- Good health is a significant determinant of a child's ability to learn and succeed in school and later, his or her ability to make a significant economic contribution to society. The health and education sectors, however, have historically approached programs and services for children from different perspectives. I would venture to guess that this same difference of perspective exists in our colleges of education and medical colleges.
- Educators are currently being asked to address a wide variety of health issues with which they have minimal expertise, eg. teen pregnancy prevention, alcohol and drug abuse, prevention of sexually transmitted diseases, anti-social behavior, and suicide.
- Both our health and education systems need improvement. Each of them is currently engaged in its own, for the most part separate, reform agenda. Schools are currently involved in a set of reforms aimed at raising education standards by increasing academic requirements with the hope of preparing a more literate and competent work force. Significant energy is going into ensuring that these new academic standards are implemented. Ironically, very little attention has been paid to the fact that good health is a prerequisite to academic and economic success.

Only recently have governments and other institutions substantively begun working toward the coordination of health and education services for children and their families. Many of these new policies and programs are growing largely out of the Goal #1 of the National Education Goals for the Year 2000, promulgated by the President and Governors: "By the year 2000, all children will start school ready to learn." This "learning readiness goal" has prompted policymakers, practitioners, and community leaders to think in new ways about the most efficient and effective ways to ensure the health and education of our children. Much work remains to be done, however.

STRATEGIES

- Think in terms of different kinds of partnerships.
 - 1) Yes, by all means work with high schools and colleges to recruit minorities to the profession.
 - 2) Work also with colleges of education. Encourage faculty exchanges between medical colleges and colleges of education. For example, neurologists can help educators understand the relationship between early healthy brain development and its impact on a child's life options and possibilities; or an early childhood education specialist could enrich medical students' education and future practice by providing them with an understanding of the issues and situations children face at each stage of development.

- 3) **Work with state boards of education and chief state school officers who often set health-related policies to encourage inclusion of comprehensive school health programs in their budgets. We must educate educators, health providers, parents, religious, business and community leaders on the relationship of early good health and children's educational capabilities and later, in relation to their economic contributions as members of the workforce.**
- 4) **Schools are generally not staffed or trained sufficiently to provide effective comprehensive school health programs. Also, with shrinking resources, there is little capacity remaining to train personnel to deliver increasingly needed health programming. Some medical colleges are already providing health "interns" to school systems who bring needed services and expertise to the schools while in turn, these interns gain valuable knowledge about the population they will eventually serve.**

Use your influence with the governors and legislators who introduce and pass legislation which mandates cooperation between health and education programs and who determine the level and distribution of state education funds. Encourage policies that create incentives for the health and education systems to collaborate. Bringing children into the world healthy and promoting their good health through schooling and beyond, can only be accomplished if the two systems work together. As financial resources become more limited, the only way we can hope to stretch to meet the needs of children is through more effective coordination of services and through the creation of policies that promote and support such coordination.

Encourage community-based experiences in medical training where medical students learn first-hand about children's needs and gain an understanding of the different agencies such as schools, daycare centers, etc. which serve this population.

One current national strategy, of which the AAMC is a part, is the National Health/Education Consortium. The Consortium is a joint project of the Institute for Educational Leadership and the National Commission to Prevent Infant Mortality and is founded on the belief that children must be educated to be healthy, and they must be healthy in order to learn.

The Consortium is comprised of 51 major national membership organizations, representing nearly 11 million health and education professionals nationwide and encourages cooperation and coordination between the health and education sectors at every level of policy development and program management

***Statistics from "Three Realities: Minority Life in the United States," published by the Business-Higher Education Forum, 1990 (pp. 1-2)**