



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

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WASHINGTON, DC 20036  
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August 12, 1991

William S. Woodside  
Chairman  
Sky Chef's Inc.  
9 West 57th Street  
Suite 4710  
New York, NY 10019

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,

A handwritten signature in cursive script that reads "Herbert Nickens".

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 <sup>OR</sup> ~~AND~~ <sup>YEARS</sup> EARLIER <sup>N</sup> BECAME CONCERNED <sub>X</sub>  
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)**